

1 AN ACT concerning employment.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the Health
5 Care Workplace Violence Prevention Act.

6 Section 5. Findings. The General Assembly finds as follows:

7 (1) Violence is an escalating problem in many health
8 care workplaces in this State and across the nation.

9 (2) The actual incidence of workplace violence in
10 health care workplaces, in particular, is likely to be
11 greater than documented because of failure to report such
12 incidents or failure to maintain records of incidents that
13 are reported.

14 (3) Patients, visitors, and health care employees
15 should be assured a reasonably safe and secure environment
16 in a health care workplace.

17 (4) Many health care workplaces have undertaken
18 efforts to ensure that patients, visitors, and employees
19 are safe from violence, but additional personnel training
20 and appropriate safeguards may be needed to prevent
21 workplace violence and minimize the risk and dangers
22 affecting people in connection with the delivery of health
23 care.

24 Section 10. Definitions. In this Act:

25 "Department" means (i) the Department of Human Services, in
26 the case of a health care workplace that is operated or
27 regulated by the Department of Human Services, or (ii) the
28 Department of Public Health, in the case of a health care
29 workplace that is operated or regulated by the Department of
30 Public Health.

31 "Director" means the Secretary of Human Services or the

1 Director of Public Health, as appropriate.

2 "Employee" means any individual who is employed on a
3 full-time, part-time, or contractual basis by a health care
4 workplace.

5 "Health care workplace" means a mental health facility or
6 developmental disability facility as defined in the Mental
7 Health and Developmental Disabilities Code, other than a
8 hospital or unit thereof licensed under the Hospital Licensing
9 Act or operated under the University of Illinois Hospital Act.

10 "Health care workplace" does not include, and shall not be
11 construed to include, any office of a physician licensed to
12 practice medicine in all its branches, an advanced practice
13 nurse, or a physician assistant, regardless of the form of such
14 office.

15 "Imminent danger" means a preliminary determination of
16 immediate, threatened, or impending risk of physical injury as
17 determined by the employee.

18 "Responsible agency" means the State agency that (i)
19 licenses, certifies, registers, or otherwise regulates or
20 exercises jurisdiction over a health care workplace or a health
21 care workplace's activities or (ii) contracts with a health
22 care workplace for the delivery of health care services.

23 "Violence" or "violent act" means any act by a patient or
24 resident that causes or threatens to cause an injury to another
25 person.

26 Section 15. Workplace violence plan.

27 (a) By July 1, 2007 (in the case of a health care workplace
28 participating in the pilot project under Section 35) or July 1,
29 2008 (in the case of health care workplaces not participating
30 in the pilot project), every health care workplace must adopt
31 and implement a plan to reasonably prevent and protect
32 employees from violence at that setting. The plan must address
33 security considerations related to the following items, as
34 appropriate to the particular workplace, based on the hazards
35 identified in the assessment required under subsection (b):

1 (1) The physical attributes of the health care
2 workplace.

3 (2) Staffing, including security staffing.

4 (3) Personnel policies.

5 (4) First aid and emergency procedures.

6 (5) The reporting of violent acts.

7 (6) Employee education and training.

8 (b) Before adopting the plan required under subsection (a),
9 a health care workplace must conduct a security and safety
10 assessment to identify existing or potential hazards for
11 violence and determine the appropriate preventive action to be
12 taken. The assessment must include, but need not be limited to,
13 a measure of the frequency of, and an identification of the
14 causes for and consequences of, violent acts at the workplace
15 during at least the preceding 5 years or for the years for
16 which records are available.

17 (c) In adopting the plan required by subsection (a), a
18 health care workplace may consider any guidelines on violence
19 in the workplace or in health care workplaces issued by the
20 Department of Public Health, the Department of Human Services,
21 the federal Occupational Safety and Health Administration,
22 Medicare, and health care workplace accrediting organizations.

23 (d) It is the intent of the General Assembly that any
24 violence protection and prevention plan developed under this
25 Act be appropriate to the setting in which it is to be
26 implemented. To that end, the General Assembly recognizes that
27 not all health care services are provided in a facility or
28 other formal setting. Many health care services are provided in
29 other, less formal settings. The General Assembly finds that it
30 may be inappropriate and impractical for all health care
31 workplaces to address workplace violence in the same manner.
32 When enforcing this Act, the Department shall allow a health
33 care workplace sufficient flexibility in recognition of the
34 unique circumstances in which the health care workplace may
35 deliver services.

36 (e) Promptly after adopting a plan under subsection (a), a

1 health care workplace must file a copy of its plan with the
2 Department. The Department shall then forward a copy of the
3 plan to the appropriate responsible agency.

4 (f) A health care workplace must review its plan at least
5 once every 3 years and must report each such review to the
6 Department, together with any changes to the plan adopted by
7 the health care workplace. If a health care workplace does not
8 adopt any changes to its plan in response to such a review, it
9 must report that fact to the Department. A health care
10 workplace must promptly report to the Department all changes to
11 the health care workplace's plan, regardless of whether those
12 changes were adopted in response to a periodic review required
13 under this subsection. The Department shall then forward a copy
14 of the review report and changes, if any, to the appropriate
15 responsible agency.

16 (g) A health care workplace that is required to submit
17 written documentation of active safety and violence prevention
18 plans to comply with national accreditation standards shall be
19 deemed to be in compliance with subsections (a), (b), (c), and
20 (f) of this Section when the health care workplace forwards a
21 copy of that documentation to the Department.

22 Section 20. Violence prevention training. By July 1, 2006
23 (in the case of a health care workplace participating in the
24 pilot project under Section 35) or July 1, 2009 (in the case of
25 health care workplaces not participating in the pilot project),
26 and on a regular basis thereafter, as set forth in the plan
27 adopted under Section 15, a health care workplace must provide
28 violence prevention training to all its affected employees as
29 determined by the plan. For temporary employees, training must
30 take into account unique circumstances. A health care workplace
31 also shall provide periodic follow-up training for its
32 employees as appropriate. The training may vary by the plan and
33 may include, but need not be limited to, classes, videotapes,
34 brochures, verbal training, or other verbal or written training
35 that is determined to be appropriate under the plan. The

1 training must address the following topics, as appropriate to
2 the particular health care workplace and to the duties and
3 responsibilities of the particular employee being trained,
4 based on the hazards identified in the assessment required
5 under Section 15:

6 (1) General safety procedures.

7 (2) Personal safety procedures.

8 (3) The violence escalation cycle.

9 (4) Violence-predicting factors.

10 (5) Obtaining patient history from a patient with a
11 history of violent behavior.

12 (6) Verbal and physical techniques to de-escalate and
13 minimize violent behavior.

14 (7) Strategies to avoid physical harm.

15 (8) Restraining techniques, as permitted and governed
16 by law.

17 (9) Appropriate use of medications to reduce violent
18 behavior.

19 (10) Documenting and reporting incidents of violence.

20 (11) The process whereby employees affected by a
21 violent act may debrief or be calmed down and the tension
22 of the situation may be reduced.

23 (12) Any resources available to employees for coping
24 with violence.

25 (13) The workplace violence prevention plan adopted
26 under Section 15.

27 (14) The protection of confidentiality in accordance
28 with the Health Insurance Portability and Accountability
29 Act of 1996 and other related provisions of law.

30 Section 25. Record of violent acts. Beginning no later than
31 July 1, 2007 (in the case of a health care workplace
32 participating in the pilot project under Section 35) or July 1,
33 2008 (in the case of health care workplaces not participating
34 in the pilot project), every health care workplace must keep a
35 record of any violent act against an employee, a patient, or a

1 visitor occurring at the workplace. At a minimum, the record
2 must include the following:

3 (1) The health care workplace's name and address.

4 (2) The date, time, and specific location at the health
5 care workplace where the violent act occurred.

6 (3) The name, job title, department or ward assignment,
7 and staff identification or other identifier of the victim,
8 if the victim was an employee.

9 (4) A description of the person against whom the
10 violent act was committed as one of the following:

11 (A) A patient.

12 (B) A visitor.

13 (C) An employee.

14 (D) Other.

15 (5) A description of the person committing the violent
16 act as one of the following:

17 (A) A patient.

18 (B) A visitor.

19 (C) An employee.

20 (D) Other.

21 (6) A description of the type of violent act as one of
22 the following:

23 (A) A verbal or physical threat that presents
24 imminent danger.

25 (B) A physical assault with major soreness, cuts,
26 or large bruises.

27 (C) A physical assault with severe lacerations, a
28 bone fracture, or a head injury.

29 (D) A physical assault with loss of limb or death.

30 (E) A violent act requiring employee response, in
31 the course of which an employee is injured.

32 (7) An identification of any body part injured.

33 (8) A description of any weapon used.

34 (9) The number of employees in the vicinity of the
35 violent act when it occurred.

36 (10) A description of actions taken by employees and

1 the health care workplace in response to the violent act.

2 Section 30. Assistance in complying with Act. A health care
3 workplace that needs assistance in complying with this Act may
4 contact the federal Department of Labor for assistance. The
5 Illinois departments of Human Services and Public Health shall
6 collaborate with representatives of health care workplaces to
7 develop technical assistance and training seminars on
8 developing and implementing a workplace violence plan as
9 required under Section 15. Those departments shall coordinate
10 their assistance to health care workplaces.

11 Section 35. Pilot project; task force.

12 (a) The Department of Human Services and the Department of
13 Public Health shall initially implement this Act as a 2-year
14 pilot project in which only the following health care
15 workplaces shall participate:

- 16 (1) The Chester Mental Health Center.
- 17 (2) The Alton Mental Health Center.
- 18 (3) The Douglas Singer Mental Health Center.
- 19 (4) The Andrew McFarland Mental Health Center.
- 20 (5) The Jacksonville Developmental Center.

21 Each health care workplace participating in the pilot
22 project shall comply with this Act as provided in this Act.

23 (b) The Governor shall convene a 6-member task force
24 consisting of the following: one member appointed by the
25 President of the Senate; one member appointed by the Minority
26 Leader of the Senate; one member appointed by the Speaker of
27 House of Representatives; one member appointed by the Minority
28 Leader of the House of Representatives; one representative from
29 a statewide association representing licensed registered
30 professional nurses; and one representative from the
31 Department of Human Services. The task force shall submit a
32 report to the Illinois General Assembly by January 1, 2008 that
33 shall (i) evaluate the effectiveness of the health care
34 workplace violence prevention pilot project in the facilities

1 participating in the pilot project and (ii) make
2 recommendations concerning the implementation of workplace
3 violence prevention programs in all health care workplaces.

4 Section 40. Rules. The Department shall adopt rules to
5 implement this Act.

6 Section 900. The Mental Health and Developmental
7 Disabilities Administrative Act is amended by adding Section 72
8 as follows:

9 (20 ILCS 1705/72 new)

10 Sec. 72. Violent acts against employees of facilities under
11 the Department's jurisdiction. Within 6 months after the
12 effective date of this amendatory Act of the 94th General
13 Assembly, the Department shall adopt rules prescribing the
14 procedures for reporting, investigating, and responding to
15 violent acts against employees of facilities under the
16 Department's jurisdiction. As used in this Section, "violent
17 acts" has the meaning ascribed to that term in the Health Care
18 Workplace Violence Prevention Act.

19 Section 905. The Illinois State Auditing Act is amended by
20 changing Section 3-2 as follows:

21 (30 ILCS 5/3-2) (from Ch. 15, par. 303-2)

22 Sec. 3-2. Mandatory and directed post audits. The Auditor
23 General shall conduct a financial audit, a compliance audit, or
24 other attestation engagement, as is appropriate to the agency's
25 operations under generally accepted government auditing
26 standards, of each State agency except the Auditor General or
27 his office at least once during every biennium, except as is
28 otherwise provided in regulations adopted under Section 3-8.
29 The general direction and supervision of the financial audit
30 program may be delegated only to an individual who is a
31 Certified Public Accountant and a payroll employee of the

1 Office of the Auditor General. In the conduct of financial
2 audits, compliance audits, and other attestation engagements,
3 the Auditor General may inquire into and report upon matters
4 properly within the scope of a performance audit, provided that
5 such inquiry shall be limited to matters arising during the
6 ordinary course of the financial audit.

7 In any year the Auditor General shall conduct any special
8 audits as may be necessary to form an opinion on the financial
9 statements of this State, as prepared by the Comptroller, and
10 to certify that this presentation is in accordance with
11 generally accepted accounting principles for government.

12 Simultaneously with the biennial compliance audit of the
13 Department of Human Services, the Auditor General shall conduct
14 a program audit of each facility under the jurisdiction of that
15 Department that is described in Section 4 of the Mental Health
16 and Developmental Disabilities Administrative Act. The program
17 audit shall include an examination of the records of each
18 facility concerning (i) reports of suspected abuse or neglect
19 of any patient or resident of the facility and (ii) reports of
20 violent acts against facility staff by patients or residents.
21 The Auditor General shall report the findings of the program
22 audit to the Governor and the General Assembly, including
23 findings concerning patterns or trends relating to (i) abuse or
24 neglect of facility patients and residents or (ii) violent acts
25 against facility staff by patients or residents. However, for
26 any year for which the Inspector General submits a report to
27 the Governor and General Assembly as required under Section 6.7
28 of the Abused and Neglected Long Term Care Facility Residents
29 Reporting Act, the Auditor General need not conduct the program
30 audit otherwise required under this paragraph.

31 The Auditor General shall conduct a performance audit of a
32 State agency when so directed by the Commission, or by either
33 house of the General Assembly, in a resolution identifying the
34 subject, parties and scope. Such a directing resolution may:

35 (a) require the Auditor General to examine and report
36 upon specific management efficiencies or cost

1 effectiveness proposals specified therein;

2 (b) in the case of a program audit, set forth specific
3 program objectives, responsibilities or duties or may
4 specify the program performance standards or program
5 evaluation standards to be the basis of the program audit;

6 (c) be directed at particular procedures or functions
7 established by statute, by administrative regulation or by
8 precedent; and

9 (d) require the Auditor General to examine and report
10 upon specific proposals relating to state programs
11 specified in the resolution.

12 The Commission may by resolution clarify, further direct,
13 or limit the scope of any audit directed by a resolution of the
14 House or Senate, provided that any such action by the
15 Commission must be consistent with the terms of the directing
16 resolution.

17 (Source: P.A. 93-630, eff. 12-23-03.)

18 Section 910. The Community Living Facilities Licensing Act
19 is amended by changing Section 11 as follows:

20 (210 ILCS 35/11) (from Ch. 111 1/2, par. 4191)

21 Sec. 11. Grounds for denial or revocation of a license. The
22 Department may deny or begin proceedings to revoke a license if
23 the applicant or licensee has been convicted of a felony or 2
24 or more misdemeanors involving moral turpitude, as shown by a
25 certified copy of the court of conviction; if the Department
26 determines after investigation that such person has not been
27 sufficiently rehabilitated to warrant the public trust; or upon
28 other satisfactory evidence that the moral character of the
29 applicant or licensee is not reputable. In addition, the
30 Department may deny or begin proceedings to revoke a license at
31 any time if the licensee:

32 (1) Submits false information either on Department
33 licensure forms or during an inspection;

34 (2) Refuses to allow an inspection to occur;

1 (3) Violates this Act or rules and regulations promulgated
2 under this Act;

3 (4) Violates the rights of its residents;

4 (5) Fails to submit or implement a plan of correction
5 within the specified time period; or

6 (6) Fails to submit a workplace violence prevention plan in
7 compliance with the Health Care Workplace Violence Prevention
8 Act.

9 (Source: P.A. 82-567.)

10 Section 915. The Community-Integrated Living Arrangements
11 Licensure and Certification Act is amended by changing Section
12 6 as follows:

13 (210 ILCS 135/6) (from Ch. 91 1/2, par. 1706)

14 Sec. 6. (a) The Department shall deny an application for a
15 license, or revoke or refuse to renew the license of a
16 community mental health or developmental services agency, or
17 refuse to issue a license to the holder of a temporary permit,
18 if the Department determines that the applicant, agency or
19 permit holder has not complied with a provision of this Act,
20 the Mental Health and Developmental Disabilities Code, or
21 applicable Department rules and regulations. Specific grounds
22 for denial or revocation of a license, or refusal to renew a
23 license or to issue a license to the holder of a temporary
24 permit, shall include but not be limited to:

25 (1) Submission of false information either on Department
26 licensure forms or during an inspection;

27 (2) Refusal to allow an inspection to occur;

28 (3) Violation of this Act or rules and regulations
29 promulgated under this Act;

30 (4) Violation of the rights of a recipient; ~~or~~

31 (5) Failure to submit or implement a plan of correction
32 within the specified time period; or

33 (6) Failure to submit a workplace violence prevention plan
34 in compliance with the Health Care Workplace Violence

1 Prevention Act.

2 (b) If the Department determines that the operation of a
3 community mental health or developmental services agency or one
4 or more of the programs or placements certified by the agency
5 under this Act jeopardizes the health, safety or welfare of the
6 recipients served by the agency, the Department may immediately
7 revoke the agency's license and may direct the agency to
8 withdraw recipients from any such program or placement.

9 (Source: P.A. 85-1250.)

10 Section 999. Effective date. This Act takes effect upon
11 becoming law.